

CLAIMS ONLY							Application Number <i>10615001</i>	Filing Date
							Applicant(s)	
* May be used for additional claims or amendments								
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1								
2								
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16			<i>1</i>					
17			<i>1</i>					
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49								
50								
Total Indep			<i>4</i>					
Total Depend			<i>19</i>					
Total Claims			<i>23</i>					